Request for
Waiver of Housing Directive

U.S. Department of Housing and Urban Development
Office of ~~Housing~~Healthcare Programs

OMB Approval No. 9999-9999 (exp. mm/dd/yyyy)

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~~1. Field Office~~1. Program and DAS (e.g., OHP)

~~2. Program and DAS (e.g., multifamily development)~~

2. Waiver ~~Requsted~~Requested by (person, entity, HUD employee)

3. Waiver Item (directive number, date, page, paragraph, etc.)

Relief Sought

~~4.~~

~~5.~~ Did a check of HUDClips indicate Prior Approval?

☐ Yes (go to No. 5)
☐ No   (go to No.6)

~~6)~~ ~~7)~~ If Previously Approved give Counsel's name and date of approval

~~5.~~ ~~6.~~ Counsel Determination. The Waiver Proposal **does not conflic** ☐ **conflict** ☐ with statutory or regulatory provisions (cite rule or provision)

~~Counsel (signature)~~

~~Date~~

6. Employee Justification (attach additional pages if necessary)

~~Field Office Concurrence~~

~~7.~~ ~~7~~ ☐ ~~Granted~~
☐ ~~Granted~~
☐ Not Granted
☐ ~~Not Granted~~

~~Housing Director (signature)~~
~~Housing Director (signature)~~

~~Date~~
~~Date~~

Name | Title | Date

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Comments

☐
☐

Distribution: (includes waivers granted and denied)
~~Original to Field Office;~~

_Previous versions obsolete~~(06//2003)~~

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form HUD-2~~OHP~~ (mm/dd/yyyy)

One copy to each of the following:	Director, Organizational Policy, Planning and Analysis Division, Room 9116, HUD Headquarters, HRO
	General Counsel, HUD Headquarters, Room 10114, G
And one copy to either of the following:	Office of the Deputy Assistant Secretary for Single Family Housing, Room 9282, HUD Headquarters, HU
	Office of the Deputy Assistant Secretary for Multifamily Housing, Room 6106, HUD Headquarters, HT